Name in Full

Elizabeth Barrett

Certificate of Death

Died at Town Bean's Cove County Montgomery MARYLAND

Date 1899 Month 3 Day 4 Age Y. 62 M. D. Native of Occupation

~~Male~~ White Married Widow Divorced

Female Colored ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Deeth: Primary La Grippe G

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Couries 2-11

Address

Must be signed by physician, if eny in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: William Cole

Certificate of Death

Died at (Town) near Rockville (County) Montgomery MARYLAND

Date 1899 (Month) Feby (Day) 14th Age (Y. M. D.) 64 Native of Maryland Occupation Farmer

Male / ~~Female~~ White / ~~Colored~~ ~~Married~~ / ~~Single~~ ~~Widow~~ / Widower ~~Divorced~~ Number of children living none

Husband / ~~Wife~~ of Margaret Cole

Father's Name John Cole

Mother's Name Mary Crown

Cause of Death: ~~Primary~~ 155a

Immediate Dropsy

How long sick Six months

~~Accident, Suicide, Homicide~~

Reported by E E Stonesheet M. D.

Address Rockville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Byron Llewellyn

Town

County

Died at Hunting Hill, Montgomery Co. MARYLAND

Month Day Y. M. D. | Native of | Occupation

Date 1899 Feb. 6 Age

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single Widower Number of children living

~~Husband~~ ~~Wife~~ of child

Father's Name Llewellyn. Mother's Name Llewellyn.

Cause of Death: Primary Membranous Croup — How long sick 2 or 3 days

Immediate Asphyxia — ~~Accident, Suicide, Homicide~~

Reported by W. R. Andrews, M.D.

Address Rockville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 88968

Name in Full — Heffner

Certificate of Death

Died at — Town: Bethesda — County: Montgomery — MARYLAND

Date 189 9 — Month: 2 — Day: 17 — Age: Y. M. D. 2 hrs. — Native of — Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name: Wm. C. Heffner

Mother's Name: Rosie A. Wortmiller

Cause of Death — Primary: Premature birth — How long sick

Immediate: 138 — Accident, Suicide, Homicide

Reported by: John L. Lewis M.D.

Address: Bethesda, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

Herbert A. Holden

Died at Town Rockville County Montgomery MARYLAND

Date 189 Month 2 Day | Age Y. 24 M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | Married Single | Widow Widower | Divorced | Number of children living

Husband of
Wife

Father's Name

Mother's Name 97

Cause of Death — Primary: Bright's disease

~~Immediate~~: Kidneys

How long sick

Accident, Suicide, Homicide

Reported by Mt. Democrat 2-16

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

Anna Virginia Johnson

Died at Town: Laytonsville County: Montgomery MARYLAND

Date 1899 Month: Feb Day: 24 | Age Y. 17 M. D. | Native of Md | Occupation Servant

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of ~~children~~ living

Husband of
Wife

Father's Name

Mother's Name 22a

Cause of Death — Primary: Consumption — How long sick

Immediate: Do. — ~~Accident, Suicide, Homicide~~

OVER

Reported by J. C. Browning Undertaker

Address Rockville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Attended by Dr. Dr. Pratt

of Potomac Md

en by Coroner

of

Information contained in this certificate r
ceived from M. B Montgomery

of Travilah Md

Name in Full

Certificate of Death

Eliza Ann Moulden

Died at Town Rockville, County Montgomery Co., MARYLAND

Date 1899 Month Feb Day 8 | Age Y. 9 M. — D. — | Native of — | Occupation —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~

Number of children living

Husband / Wife of Eli Moulden

Father's Name — — King

Mother's Name —

Cause of Death { Primary Pulmonary Phthisis | How long sick —

Immediate Pulmonary hemorrhage | ~~Accident, Suicide, Homicide~~

Reported by C. H. Andrews, M.D.

Address Rockville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full Nathan Page

Certificate of Death

Died at Town Germantown County Montgomery MARYLAND

Date 189 9 Month February Day 26 Age Y. M. D. Year 85 Native of Md. Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living

Husband ~~Wife~~ of Mary Higdon 3.

Father's Name Frances Page Mother's Name Susan Page

Cause of Death Primary Dropsy 6 155a How long sick 6 months

Immediate ~~Accident, Suicide, Homicide~~

Reported by William A Waters M D

Address Germantown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mr Pennifill

Certificate of Death

Died at Town Cropley County Montg. MARYLAND

Date 189 9 Month 2 Day 24 Age Y. 70 M. D. Native of Md Occupation Lock Tender

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

Husband ~~Wife~~ of Lida Pennifill

Father's Name Levi Pennifill Mother's Name Margaret Pennifill

Cause of Death Primary Intussusception How long sick 4 days

Immediate 86 ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by W. J. Pratt, M.D.

Address Potomac Md.

Must be signed by physician, if any in attendance, otherwise [illegible] coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Robert Grover Pumphrey

Town: Germantown County: Montgomery

Died at Germantown Montgomery MARYLAND

Date 1899 Month 2-16 Day Age Y. 6 M. 3 D. -

Native of Md Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widowed~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~

15-2a

Father's Name Robert H. Pumphrey

Mother's Name Mary Pumphrey

Cause of Death: Primary Internal injuries — How long sick 3 weeks

Immediate Pyaemia

Accident, ~~Suicide Homicide~~

Reported by I. N. Simpson, M.D

Address Germantown. Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968

Name in Full

Certificate of Death

Mrs Adelaide A Stonestreet

Town

Died at Rockville

County

Montgomery

MARYLAND

Month Day Y. M. D.

Date 189 Feby. 18th Age 90. 5m -

Native of Maryland

Occupation Housewife

~~Male~~ Female

White ~~Colored~~

~~Married~~ ~~Single~~

Widow ~~Widower~~

~~Divorced~~

Number of children living Five

~~Husband~~ Wife of Samuel T Stonestreet

Father's Name E. J. Hall

Mother's Name Catherine Hall

Cause of Death: Primary 141

Immediate Old Age

How long sick one month

Accident, Suicide, Homicide

Reported by D E Stonestreet MD

Address Rockville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66260

Name in Full

Certificate of Death

Mary Wallick

Town

County

Died at Germantown Montgomery, MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1899 2 16 Age 86 - - Md Domestic

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~

~~Wife~~

Father's Name

Mother's Name

Cause of Death: Primary — General Debility

Immediate — Paralysis

How long sick: 10 days

~~Accident, Suicide, Homicide~~

Reported by L. A. Simpers. M.D

Address Germantown. Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full — Certificate of Death

Jonathan A. Williams

Died at Olney (Town) Montgomery (County) State of MARYLAND

Date 1899 Month Feb Day 17 Age Y. 55 M. D. Native of Md Occupation merchant

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living One

~~Wife~~ Husband of Georgia Olmstead Williams

Father's Name — Mother's Name

Cause of Death: Primary — Bright's Disease 97 — How long sick 4 days

Immediate — " — " — ~~Accident, Suicide, Homicide~~

Reported by J. C. Grooms Undertaker

Address Rockville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968

attended by Dr. ~~Roger Brooke~~ Wm E Maynden

Olney Md.

~~The~~ Information contained in this

received from Dr. ~~Roger Brooke~~ Wm E. Maynden

Olney Md.